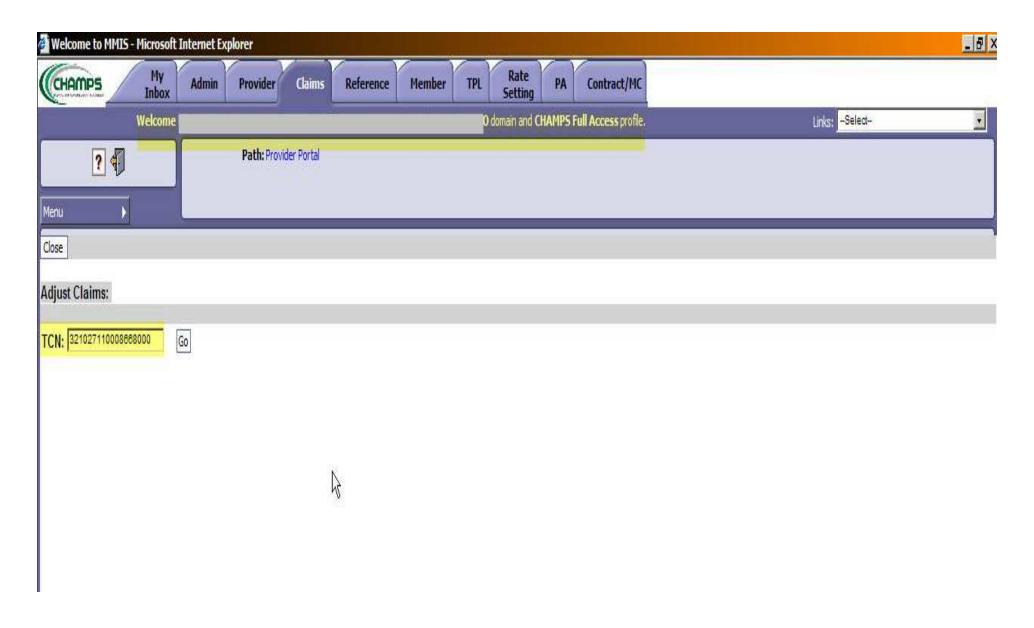
Adding/Correcting Drug Information on a Claim Replacement in CHAMPS

Update Drug Information

To use when claims get an invalid NDC rejection EX: CARC 181, 16 with RARC M119



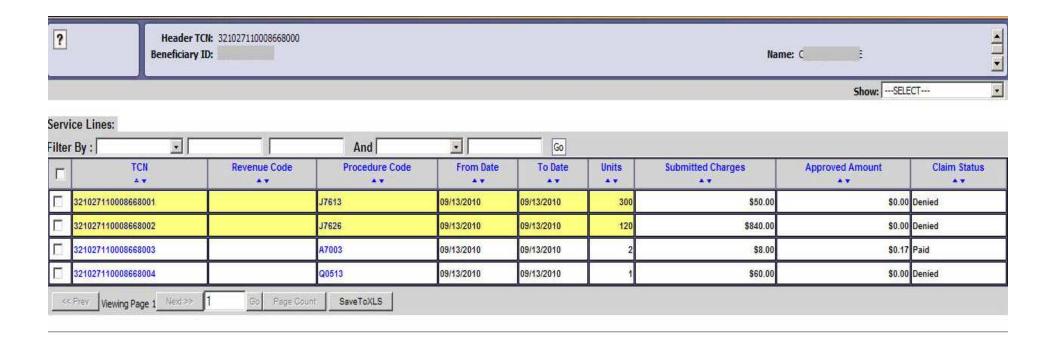
To bring up your claim in Champs.
You will select: Manage Claims>> Adjust Void Claims
Then input your TCN you need to correct/add NDC

Header TCI Beneficiary II	W: 321027110008668000 D: (Name: CL
				Show:SELECT
TCN		Error Description		Erroneous Data
		No Records Found!		200
eader Details:		System deleting in the control of th		
TCN: 321027110 Original TCN: No Of Lines: 4 Related Cause:	0008888000	Claim Type: P - Med Supples Adjustment Source: Medicare: Y	/DME/P&O and Contractors	Source: Xover Part B Claim Status: Paid Commercial: N
Beneficiary ID: Gender: F-Female atient Account Number:	*	Last Name: DOB: *		First Name: Age: 78
Billing Provider ID: Rendering Provider ID: Auth #: Diagnosis Codes: 1; 49390	* Type: NPI	Pay To Provider ID: * Referring Provider ID: Auth #: 4: 5: 6: 7:	Type: NPI Type: 8:	CLIA Number:
Submitted Charges: \$958.00 Warrant/EFT Number:		Billed Amount: \$445.18 RA Number: 7		Approved Amount: 90.17 Paid Date: 2010-12-09 00:00:

HEADER screen of the claim.

At the top of the screen it shows HEADER TCN.

Select the Red/Green File folders to go to the service line list.



This is the service line list. This screen lists each line on the claim. Click on the blue TCN of the line to add/correct NDC information.

.

		Show:SELECT
TCN	Error Description	Erroneous Data
4.		A.T.
	No Records Found!	
ine Detail:		№ 66
TCN: 321027110008	8668001 Claim Type: P - Med Supplies/ and Contractors	/DME/P&O Source: Xover Part B
Adjustment Source:	Claim Status: Denied	Pricing Rule:
EPSDT Indicator: No 💌	Emergency indicator:	
Benificiary ID:	Last Name:	First Name:
Gender: Female	DOB:	Age: 76
Benefit Plan: Full Fee-for-se	arvice Medical Assistance	N = = = = = = = = = = = = = = = = = = =
Rendering Provider ID:	* Type: Taxonomy:	Referring Provider ID: Type:
Auth #:	Auth #:	
From Date: 09/13/2010	To Date: 09/13/2010	Place of Service: 12-Home
Procedure Code: J7613	Modifiers: 1: ⋉○ 2:	3: 4:
mitted Procedure Code: J7813	* Submitted Modifiers: 1; KO 2:	3: 4:
Diagnosis Pointers: 1: 1 *	* 2: 3: 4:	
Manual Units:	Billed Units: 300	
Manual Price:	ASC Code:	ASC Status:
Submitted Charges: \$50.00	* Billed Amount: \$33.44	Approved Amount: S0.00
Medicare Paid: \$16.56	Medicare Co-insurance: \$4.14	Medicare Deductible:
Other Insurance:	Other Insurance Co-Pay:	Other Insurance Deductible:

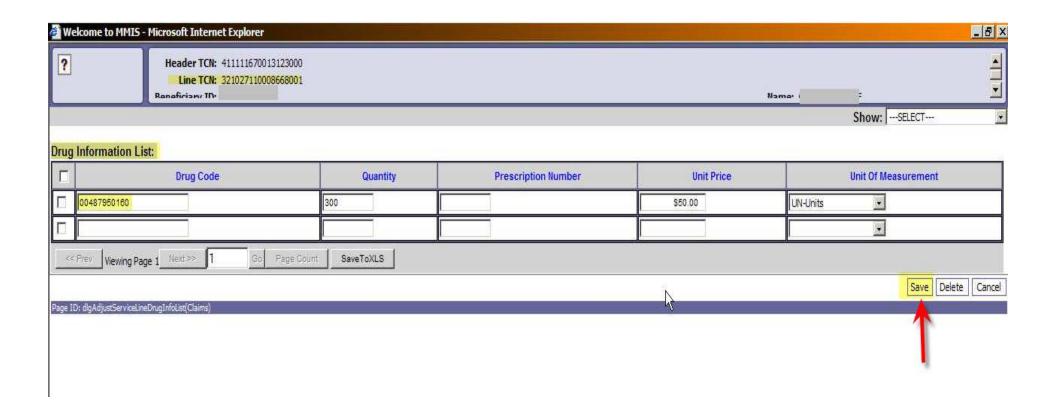
Service LINE detail showing the TCN that ends in a one(1) Your Header TCN always ends in a zero (0)

	Header TCN: 321027110 Line TCN: 321027110						
	Ranaficians The				Name: (
						Show:	SELECT
							SELECT Claim Cutbacks
TCN			Error Description		Erroneous Data		Claim Enhancement Amou Claim Header Detail
-*			**		<u> </u>		Claim Limit List
			No Records Found !				Claim Notes Drug Information
ice Line Detail:					· · · · · · · · · · · · · · · · · · ·		Indicators Other Payers Information
							Service Line List
	TCN: 3210271100	08668001	Claim Type: P - Med Sup and Contract	plies/DME/P&O	Source: Xover Part I		Situational Information
Adjustm	nent Source:		Claim Status: Denied	ors	Pricing Rule:		
EPSE	DT Indicator: No 📝		Emergency indicator:		The state of the s		
Re	enificiary ID:		Last Name:		First Name:		
5.	Gender: Female	fi	DOB:		Age: 76		
E	Benefit Plan: Full Fee-for-s	service Medical Assistar	nce		State Control		
Rendering	Provider ID:	* Type:	* Taxonomy:	B	Referring Provider ID:	Тур	p.
	Auth #:		Auth #:	1			
	From Date: 09/13/2010		To Date: 09/13/2010		Place of Service: 12-Home		
	cedure Code: J7813			2: 3:	4: 1		
	cedure Code: J7813	*		2: 3:	4:		
(50)	osis Pointers: 1: 1	* 2: 3:] 4: [
	Manual Units:		Billed Units:	300 *	Paid Units: 300		
M	lanual Price:		ASC Code:		ASC Status:		
Submitt	tted Charges: \$50.00	*	Billed Amount: \$33.44		Approved Amount: \$0.00	-	
	edicare Paid: \$16,58		Medicare Co-insurance: \$4.14		Medicare Deductible:	-	
			Other Insurance Co-Pay:		The state of the s		

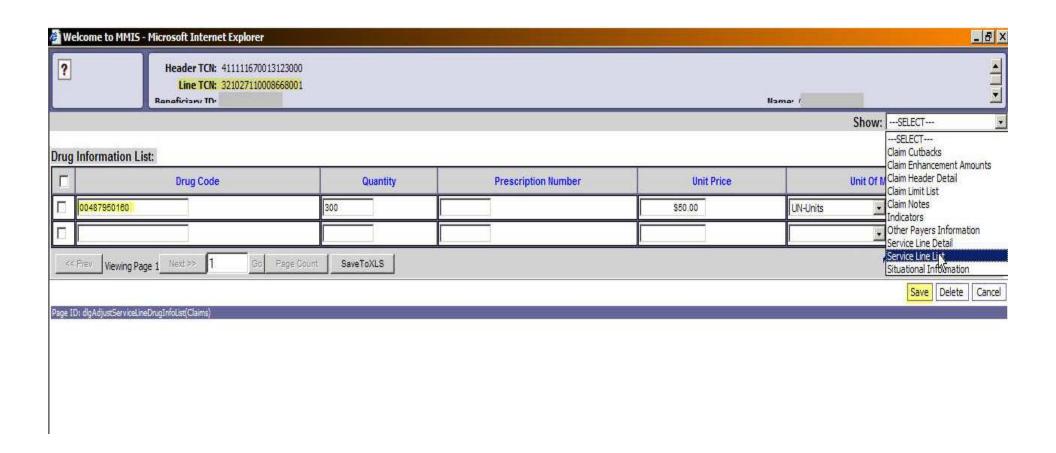
From the service line detail Select DRUG INFORMATION from the Show drop down menu.



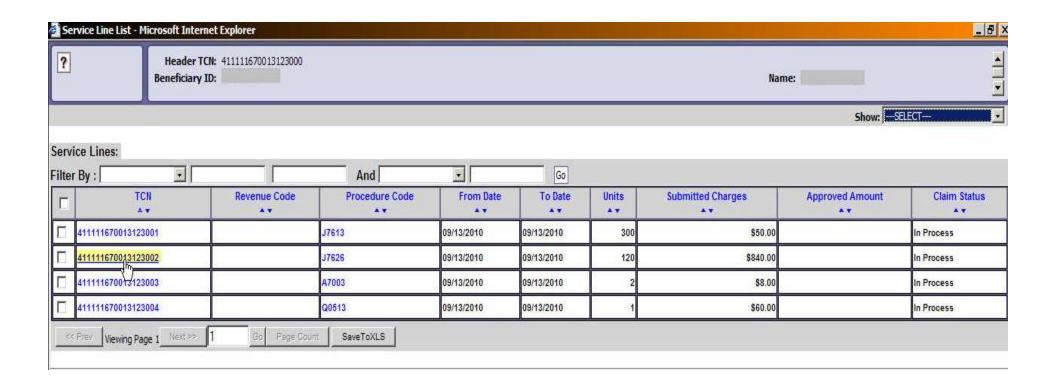
Drug Information screen. Add/delete or just verify drug information.



Once NDC and additional information is added click SAVE. Note: at the top you can see you are on Service line one (1) still.



After hitting save select SERVICE line LIST from the SHOW drop down menu if you need to change or correct an additional line.



You are now back at the service line list detail. Select your next TCN/Line that you need to correct.

TCN A.V	Error Description		Erroneous Data	
		No Records Found!		
ine Detail:			№ %	
Adjustment Source: EPSDT Indicator:	1111670013123001	Claim Type: :laim Status: In Process Emergency indicator:	Source: Web Pricing Rule:	
Benificiary ID: Gender: Fe Benefit Plan:	male	Last Name: DOB:	First Name: Age:	
Rendering Provider ID:	* Type:	* Taxonomy:	Referring Provider ID: Type:	
Auth #: From Date: 09	/13/2010	Auth #: To Date: 09/13/2010	Place of Service: 12-Home	
Procedure Code: \(\frac{\frac{170}{370}}{370}\) mitted Procedure Code: \(\frac{\frac{170}{370}}{370}\) Diagnosis Pointers: 1; Manual Units: \(\frac{1}{370}\)	B13 *	Modifiers: 1: № 2:	3: 4: 3: 4: Paid Units:	
Manual Price:		ASC Code:	ASC Status:	
Submitted Charges: \$5 Medicare Paid: Other Insurance:	0.00	Billed Amount: Medicare Co-insurance: Other Insurance Co-Pay:	Approved Amount: Medicare Deductible: Other Insurance Deductible:	
			1	

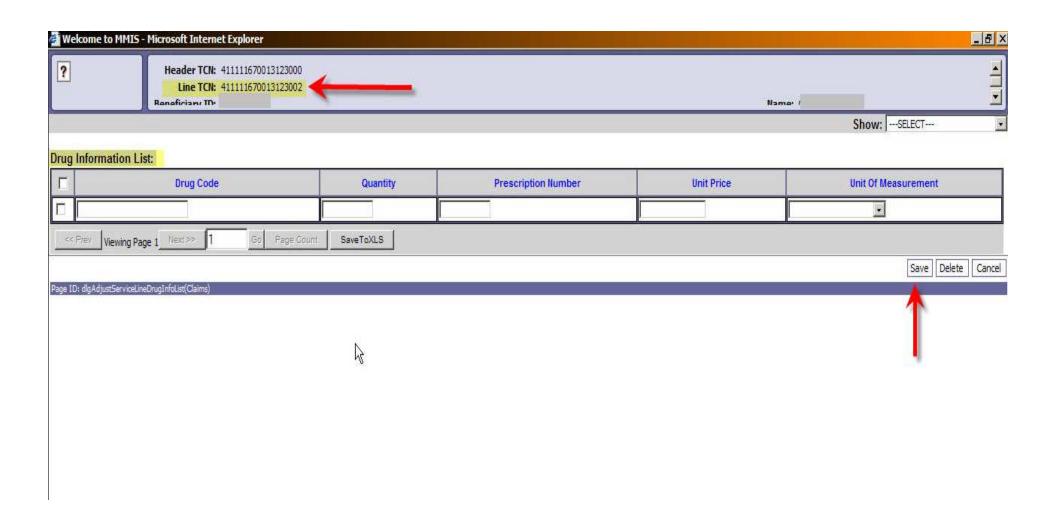
Even though line 2 was selected on the service line list. It still took us back to line 1 of the claim. You can see this by looking again at the service line detail. You must click NEXT to go to the next line. Regardless of what line you select in service line list it will take you back to line 1.

TCN		Error Description	Erroneous Data	
4.		**************************************	4.	
		No Records Found!		
ne Detail:			%	
TCN: Adjustment Source: EPSDT Indicator:	411111670013123002	Claim Type: Claim Status: In Process Emergency indicator:	Source: Web Pricing Rule:	
Benificiary ID: Gender: Benefit Plan:	Female	Last Name: DOB:	First Name: Age:	
Rendering Provider ID:	9	* Taxonomy:	Referring Provider ID:	Type:
Auth #:		Auth #:		
From Date:	09/13/2010	To Date: 09/13/2010	Place of Service: 12-Home	
Procedure Code:	J7626	Modifiers: 1: KO 2:	3: 4:	
nitted Procedure Code:		Submitted Modifiers: 1: KO 2:	3: 4:	
Diagnosis Pointers:	1: 1 * 2: 3:	4:		
Manual Units:		Billed Units: 12	Paid Units:	
Manual Price:		ASC Code:	ASC Status:	
Submitted Charges:	\$840.00 *	Billed Amount:	Approved Amount:	7
Medicare Paid:		Medicare Co-insurance:	Medicare Deductible:	
Other Insurance:	<u>*</u>	Other Insurance Co-Pay:	Other Insurance Deductible:	-
	#// · · · · · · · · · · · · · · · · · ·			

Service line 2. To go to a different line you will hit NEXT or PREVIOUS to move through the different service lines of the claim. Take note of the LINE TCN you are on before making changes.

			Show	/:SELECT
			Snow	SELECT
TCN 4		Error Description	Erroneous Data	Claim Cutbacks Claim Enhancement Amou Claim Header Detail
		No Records Found!		Claim Limit List Claim Notes
			The A	Drug Information Indicators
e Line Detail:			<u></u>	 Other Payers Information
Adjustment Source:	1111670013123002	Claim Type: Claim Status: In Process Emergency indicator:	Source: Web Pricing Rule:	Service Line List Situational Information
Benificiary ID: Gender: Fen Benefit Plan:	male	Last Name: DOB:	First Name: Age:	
Rendering Provider ID:	* Type:	* Taxonomy:	Referring Provider ID: Typ	pe:
Auth #: From Date: 09/1	13/2010	Auth #: To Date: 09/13/2010	Place of Service: 12-Home	•
Procedure Code: J78	326	Modifiers: 1: KO 2:	3: 4:	
ubmitted Procedure Code: 176		Submitted Modifiers: 1: KO 2:	3: 4:	
Diagnosis Pointers: 1:		4:		
Manual Units:			Paid Units:	
Manual Price:		ASC Code:	ASC Status:	
Submitted Charges: \$84	40.00 *	Billed Amount:	Approved Amount:	
Medicare Paid:		Medicare Co-insurance:	Medicare Deductible:	
Other Insurance:		Other Insurance Co-Pay:	Other Insurance Deductible:	

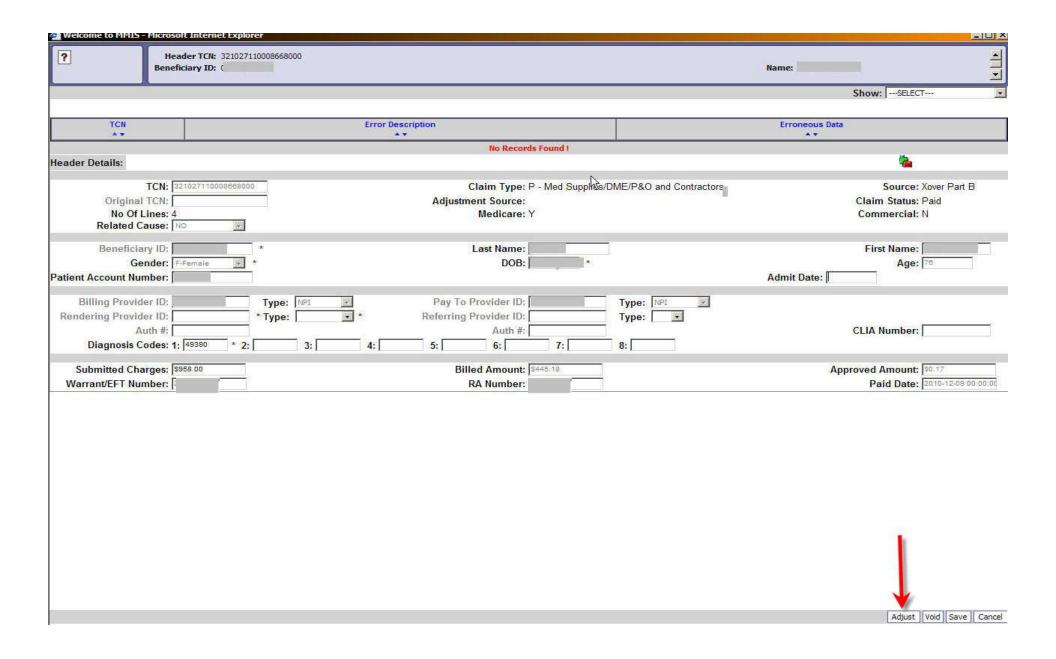
Now you follow the same steps as line 1. Clicking on DRUG INFORMATION in the SHOW drop down menu.



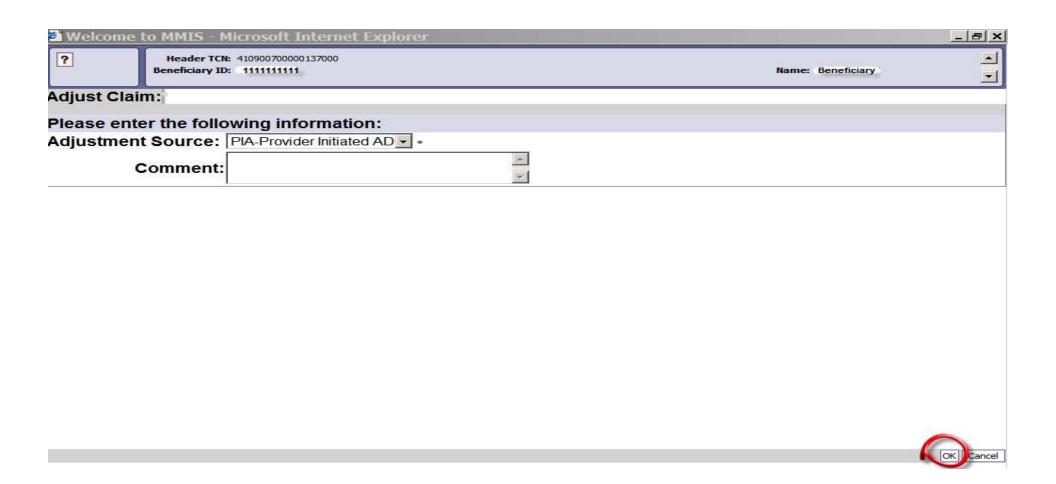
The LINE TCN now shows LINE 2 on the drug information screen. Make sure to click save once information is updated.



Select CLAIM HEADER DETAIL from the SHOW drop down Menu to take you back to the HEADER screen.



HEADER screen. Click Save again then ADJUST and your claim adjustment is completed.



Select PIA – Provider Initiated Adjustment then put in a comment and click OK.